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DUPLICATE

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23347 7590 07/26/2005

GLAXOSMITHKLINE
CORPORATE INTELLECTUAL PROPERTY, MAI B475
FIVE MOORE DR., PO BOX 13398
RESEARCH TRIANGLE PARK, NC 27709-3398
TRESHARH 00000072 071392 10009145

10/26/2005

01 FC:1501
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Marjorie J. Pfeiffer

(Depositor's name)

Marjorie J. Pfeiffer
October 25, 2005

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/099.145	11/08/2001	David Luroy Carlton	FU0657USW	8459

TITLE OF INVENTION: HIGH THROUGHPUT CRYSTAL FORM SCREENING WORKSTATION AND METHOD OF USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	10/26/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
GAKH, YELENA G	373	436-043000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.362).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB412) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB417, Rev 03-02, or more recent) attached. Use of a Customer Number is required.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SMITHKLINE BEECHAM CORPORATION

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Philadelphia, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 4

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1392 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(p)(2).

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Authorized Signature

J. Michael Strickland

Date October 25, 2005

Typed or printed name

Registration No. 47,115

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